



CITY OF CAYCE, SC
P.O. Box 2004 • Cayce, SC 29171
**APPLICATION FOR BUSINESS
AND PROFESSIONAL LICENSE**
FOR THE LICENSE YEAR 2001

FOR OFFICE USE ONLY	
	PROCESSED BY
CODE	DATE ISSUED
CLASSIFICATION	RECEIPT NO.

DATE PRINTED

OUR RECORDS INDICATE YOU MUST FILE A RETURN OR RENEW THE FOLLOWING:

LICENSEE:

BUSINESS ID

Social Security No. and/or Federal Employer's

Identification Number _____

DECLINING RATES

Declining Rate applies in all Classes for gross income in excess of \$1,000,000 as follows:

Amount (In Millions) Gross Income	Percent of Rate for each additional \$1,000
\$0 - \$5	100%
\$5 - \$7	95%
\$7 - \$9	90%
\$9 - \$110	85%
Over - \$110	45%

PENALTY FOR DELIQUENCY IN PAYING TAX IS
5% PER MONTH OR FRACTION THEREOF UNTIL PAID.
LICENSE DUE APRIL 15

IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE
TO HEADING ABOVE, FILL IN ITEMS 1, 2, 3, 4, ETC.

☐

AND SKIP TO ITEM #5. FOR NEW BUSINESS OR CORRECTIONS

1. NAME OF APPLICANT (INDIVIDUAL OR FIRM)		5. THIS APPLICATION IS FOR:	
2. MAILING ADDRESS CITY STATE ZIP		NEW BUSINESS <input type="checkbox"/> STARTING DATE _____	
3. BUSINESS LOCATION CITY STATE ZIP		RENEWAL OF LICENSE <input type="checkbox"/> CORPORATION <input type="checkbox"/>	
4. TYPE OF BUSINESS PHONE NO.		CHANGE OF OWNERSHIP <input type="checkbox"/> CO-PARTNERSHIP <input type="checkbox"/>	
6. REPORT APPLICABLE FIGURE FOR PRECEDING YEAR:		CHANGE IN LOCATION <input type="checkbox"/> SINGLE OWNERSHIP <input type="checkbox"/>	
GROSS RECEIPTS		GROSS PREMIUMS	
7. IF THIS IS CHANGE IN OWNERSHIP, GIVE NAME OF PREVIOUS OWNER		NO. OF MONTHS IN BUSINESS	
8. IF YOU EMPLOY AN ACCOUNTING OR BOOKKEEPING FIRM, GIVE NAME, ADDRESS AND PHONE NO.		10. DURING THE YEAR JUST ENDED GROSS CONTRACT BUSINESS WAS LISTED BELOW:	
9. LIST NAME OF PARTNERS OR OFFICERS OF FIRM, AND GIVE THEIR TITLES		Gross contract business physically executed within Cayce _____	
		Gross contract business physically executed outside Cayce _____	
		Gross contract business outside Cayce on which license fee was paid to a town or city (Cayce Contractors _____)	
		NOTE WHERE APPLICABLE CURRENT MASTER LICENSE INFORMATION MUST BE FURNISHED	
		YEAR MASTER GAS NO MASTER ELECTRICIAN NO MASTER PLUMBING NO	

Please figure amount due here and remit with application:
On Gross Receipts or contracts not exceeding

On each additional \$1000
Or fraction thereof:

_____ M @ _____ = _____

_____ & _____ = _____

TOTAL DUE PENALTY TOTAL DUE

A. THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE BUSINESS DONE OR TRANSACTED AT OR THROUGH THE ABOVE LOCATION (OR LOCATIONS) FOR THE CALENDAR YEAR ENDING DECEMBER 31, 20____; OR LAST COMPLETED FISCAL YEAR AND THE REPORT CORRESPONDS WITH THE BOOKS AND RECORDS OF THE BUSINESS AND WITH THE REPORT OF SAME FILED, OR TO BE FILED, FOR THE CORRESPONDING PERIOD WITH THE SOUTH CAROLINA TAX COMMISSION, OR INSURANCE COMMISSIONER, AND WITH THE COLLECTOR OF INTERNAL REVENUE OF THE UNITED STATES.

B. I (WE) DO HEREBY CERTIFY THAT THE EXACT AMOUNT RETURNED AS TOTAL GROSS RECEIPTS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN ARE TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTIONS FROM "DROP SHIPMENTS," "SALES TO GOVERNMENTAL AGENCIES," "OUT OF TOWN DELIVERIES," OR OTHERWISE.

This _____ day of _____ 20____

(Signed) _____ (Signature of Applicant) (Seal)

By _____ (Signature of Person Executing for Firm or Corp.)